

<i>SERFF Tracking Number:</i>	<i>XLAM-125862287</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>XL Specialty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$550</i>
<i>Company Tracking Number:</i>	<i>08SD-XQ-CM01-MU-AR</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>Equine Mortality and Limited Theft, Unlawful Removal Policy and Equine Named Perils Policy Form Filing</i>		
<i>Project Name/Number:</i>	<i>Equine Mortality /08SD-XQ-CM01-MU-AR</i>		

Filing at a Glance

Company: XL Specialty Insurance Company

Product Name: Equine Mortality and Limited Theft, Unlawful Removal Policy and Equine Named Perils Policy Form Filing

TOI: 09.0 Inland Marine

Sub-TOI: 09.0005 Other Commercial Inland Marine

Filing Type: Form

SERFF Tr Num: XLAM-125862287 State: Arkansas

SERFF Status: Closed

Co Tr Num: 08SD-XQ-CM01-MU-AR

Co Status:

Author: Arshay Brown

Date Submitted: 10/23/2008

State Tr Num: EFT \$550

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Llyweyia Rawlins

Disposition Date: 10/27/2008

Disposition Status: Approved

Effective Date (New): 12/01/2008

Effective Date (Renewal): 12/01/2008

Effective Date Requested (New): 12/01/2008

Effective Date Requested (Renewal): 12/01/2008

State Filing Description:

General Information

Project Name: Equine Mortality

Project Number: 08SD-XQ-CM01-MU-AR

Reference Organization:

Reference Title:

Filing Status Changed: 10/27/2008

State Status Changed: 10/27/2008

Corresponding Filing Tracking Number:

Filing Description:

XL Specialty Insurance Company hereby submits its Equine Mortality and Limited Theft, Unlawful Removal Policy and Equine Named Perils Policy form filing. The filing consist of dec pages, new and revised endorsements. We have also included a summary of changes for forms.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

SERFF Tracking Number: XLAM-125862287 State: Arkansas
Filing Company: XL Specialty Insurance Company State Tracking Number: EFT \$550
Company Tracking Number: 08SD-XQ-CM01-MU-AR
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: Equine Mortality and Limited Theft, Unlawful Removal Policy and Equine Named Perils Policy Form Filing
Project Name/Number: Equine Mortality /08SD-XQ-CM01-MU-AR

Company and Contact

Filing Contact Information

Arshay Brown, State Filings Analyst Arshay.Brown@xlgroup.com
1201 North Market Street (302) 661-7048 [Phone]
Wilmington, DE 19801 (302) 778-4190[FAX]

Filing Company Information

XL Specialty Insurance Company CoCode: 37885 State of Domicile: Delaware
1201 N. Market Street Group Code: 1285 Company Type:
Suite 501
Wilmington, DE 19801 Group Name: State ID Number:
(800) 394-3909 ext. [Phone] FEIN Number: 85-0277191

Filing Fees

Fee Required? Yes
Fee Amount: \$550.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
XL Specialty Insurance Company	\$550.00	10/23/2008	23425314

SERFF Tracking Number: XLAM-125862287 State: Arkansas

Filing Company: XL Specialty Insurance Company State Tracking Number: EFT \$550

Company Tracking Number: 08SD-XQ-CM01-MU-AR

TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine

Product Name: Equine Mortality and Limited Theft, Unlawful Removal Policy and Equine Named Perils Policy Form Filing

Project Name/Number: Equine Mortality /08SD-XQ-CM01-MU-AR

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/27/2008	10/27/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Overpayment	Note To Reviewer	Arshay Brown	10/27/2008	10/27/2008
Overpayment on filing fee	Note To Filer	Llyweyia Rawlins	10/24/2008	10/24/2008

<i>SERFF Tracking Number:</i>	<i>XLAM-125862287</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>XL Specialty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$550</i>
<i>Company Tracking Number:</i>	<i>08SD-XQ-CM01-MU-AR</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>Equine Mortality and Limited Theft, Unlawful Removal Policy and Equine Named Perils Policy Form Filing</i>		
<i>Project Name/Number:</i>	<i>Equine Mortality /08SD-XQ-CM01-MU-AR</i>		

Disposition

Disposition Date: 10/27/2008

Effective Date (New): 12/01/2008

Effective Date (Renewal): 12/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: XLAM-125862287 State: Arkansas

Filing Company: XL Specialty Insurance Company State Tracking Number: EFT \$550

Company Tracking Number: 08SD-XQ-CM01-MU-AR

TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine

Product Name: Equine Mortality and Limited Theft, Unlawful Removal Policy and Equine Named Perils Policy Form Filing

Project Name/Number: Equine Mortality /08SD-XQ-CM01-MU-AR

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Forms Summary of Changes	Approved	Yes
Form	Equine Mortality and Limited Theft, Unlawful Removal Policy Declarations	Approved	Yes
Form	Equine Named Perils Policy Declarations	Approved	Yes
Form	No Claims Bonus Endorsement - FORM A	Approved	Yes
Form	Frustration of Export/Import From Australia or New Zealand to USA Endorsement	Approved	Yes
Form	Frustration of Export/Import From USA to Australia or New Zealand Endorsement	Approved	Yes
Form	Change Endorsement (Equine Mortality and Limited Theft, Unlawful Removal Policy)	Approved	Yes
Form	Change Endorsement (Equine Named Perils Policy)	Approved	Yes
Form	Emergency Colic Surgery Expense Endorsement - FORM A	Approved	Yes
Form	Emergency Colic Surgery Expense Endorsement - FORM B	Approved	Yes
Form	Equine Mortality Twelve Months Extension Endorsement	Approved	Yes
Form	Equine Named Perils Twelve Months Extension Endorsement	Approved	Yes

SERFF Tracking Number: *XLAM-125862287* *State:* *Arkansas*
Filing Company: *XL Specialty Insurance Company* *State Tracking Number:* *EFT \$550*
Company Tracking Number: *08SD-XQ-CM01-MU-AR*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0005 Other Commercial Inland Marine*
Product Name: *Equine Mortality and Limited Theft, Unlawful Removal Policy and Equine Named Perils Policy Form Filing*
Project Name/Number: *Equine Mortality /08SD-XQ-CM01-MU-AR*

Note To Reviewer

Created By:

Arshay Brown on 10/27/2008 08:56 AM

Subject:

Overpayment

Comments:

Llyweyia:

Thank you so much for catching that! I really appreciate your honesty.

Arshay Brown

SERFF Tracking Number: *XLAM-125862287* *State:* *Arkansas*
Filing Company: *XL Specialty Insurance Company* *State Tracking Number:* *EFT \$550*
Company Tracking Number: *08SD-XQ-CM01-MU-AR*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0005 Other Commercial Inland Marine*
Product Name: *Equine Mortality and Limited Theft, Unlawful Removal Policy and Equine Named Perils Policy Form Filing*
Project Name/Number: *Equine Mortality /08SD-XQ-CM01-MU-AR*

Note To Filer

Created By:

Llyweyia Rawlins on 10/24/2008 02:51 PM

Subject:

Overpayment on filing fee

Comments:

Hello Arshay

In reviewing your filing, I believe you made a small keypunch error on the filing fee.

The form filing fee should be \$50 in lieu of \$550. Once I finish reviewing this filing I will do a refund request of \$500.

Sincerely,

Llyweyia Rawlins

SERFF Tracking Number: XLAM-125862287 State: Arkansas

Filing Company: XL Specialty Insurance Company State Tracking Number: EFT \$550

Company Tracking Number: 08SD-XQ-CM01-MU-AR

TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine

Product Name: Equine Mortality and Limited Theft, Unlawful Removal Policy and Equine Named Perils Policy Form Filing

Project Name/Number: Equine Mortality /08SD-XQ-CM01-MU-AR

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Equine Mortality and Limited Theft, Unlawful Removal Policy Declarations	PCW 001A	(09/08)	Declaration Replaced s/Schedule	Replaced Form #:0.00 PCW 001A (03/02) Previous Filing #: 02SS-BE-CM01-		PCW 001A 09 08.pdf
Approved	Equine Named Perils Policy Declarations	PCW 002A	(09/08)	Declaration Replaced s/Schedule	Replaced Form #:0.00 PCW 002A (03/02) Previous Filing #: 02SS-BE-CM01		PCW 002A 09 08.pdf
Approved	No Claims Bonus Endorsement - FORM A	PCW 014	(09/08)	Endorsement Replaced nt/Amendment/Conditions	Replaced Form #:0.00 PCW 014 6-99 Previous Filing #: HM-F-0501		PCW 014 09 08.pdf
Approved	Frustration of Export/Import From Australia or New Zealand to USA Endorsement	PCW 027	(09/08)	Endorsement Replaced nt/Amendment/Conditions	Replaced Form #:0.00 PCW 027 12-99 Previous Filing #: HM-F-0501		PCW 027 09 08.pdf
Approved	Frustration of Export/Import From USA to Australia or New Zealand Endorsement	PCW 028	(09/08)	Endorsement Replaced nt/Amendment/Conditions	Replaced Form #:0.00 PCW 028 12-99 Previous Filing #: HM-F-0501		PCW 028 09 08.pdf
Approved	Change Endorsement (Equine Mortality and Limited Theft, Unlawful Removal Policy)	PCW 100	(09/08)	Endorsement Replaced nt/Amendment/Conditions	Replaced Form #:0.00 PCW 035 02-00 Previous Filing #: HM-F-0501		PCW 100 09 08.pdf
Approved	Change	PCW 101	(09/08)	Endorsement New		0.00	PCW 101 09

SERFF Tracking Number: XLAM-125862287 State: Arkansas
Filing Company: XL Specialty Insurance Company State Tracking Number: EFT \$550
Company Tracking Number: 08SD-XQ-CM01-MU-AR
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: Equine Mortality and Limited Theft, Unlawful Removal Policy and Equine Named Perils Policy Form Filing
Project Name/Number: Equine Mortality /08SD-XQ-CM01-MU-AR

	Endorsement (Equine Named Perils Policy)	nt/Amendm ent/Condi ons		08.pdf
Approved	Emergency Colic PCW 102 (09/08) Surgery Expense Endorsement - FORM A	Endorseme Replaced nt/Amendm ent/Condi ons	Replaced Form #:0.00 PCW 036 08-00 Previous Filing #: HM-F-0501	PCW 102 09 08.pdf
Approved	Emergency Colic PCW 103 (09/08) Surgery Expense Endorsement - FORM B	Endorseme New nt/Amendm ent/Condi ons	0.00	PCW 103 09 08.pdf
Approved	Equine Mortality PCW 104 (09/08) Twelve Months Extension Endorsement	Endorseme Replaced nt/Amendm ent/Condi ons	Replaced Form #:0.00 PCW 006 06-99 Previous Filing #: HM-F-0501	PCW 104 09 08.pdf
Approved	Equine Named PCW 105 (09/08) Perils Twelve Months Extension Endorsement	Endorseme New nt/Amendm ent/Condi ons	0.00	PCW 105 09 08.pdf



EQUINE MORTALITY AND LIMITED THEFT, UNLAWFUL REMOVAL POLICY DECLARATIONS

XL Specialty Insurance Company
A member of the XL Capital group

STATUTORY HOME OFFICE:
1201 North Market Street
Suite 501
Wilmington, DE, 19801
866-304-3079

Schedule Policy Number:

Named Insured:
Mailing Address:

Policy Period: From: To: 12:01 a.m. Standard Time at the
mailing address above

Agent Name:
Agent Address:

SCHEDULE OF HORSE(S) INSURED

See attached Schedule

THE TOTAL LIMIT OF THE COMPANY'S LIABILITY: \$

Total Policy Premium:
Minimum Policy Premium:

FORMS

Forms and endorsements applying to this Coverage Part and made part of this policy at time of issue:

The person(s) to whom NOTICE is to be given in accordance with this policy and any endorsement attached hereto:

XL Insurance
2353 Alexandria Drive, Suite 260
Lexington, KY 40504
800-842-6411

By: _____

Authorized Representative



EQUINE NAMED PERILS POLICY DECLARATIONS

XL Specialty Insurance Company
A member of the XL Capital group

STATUTORY HOME OFFICE:
1201 North Market Street
Suite 501
Wilmington, DE, 19801
866-304-3079

Schedule Policy Number:

Named Insured:
Mailing Address:

Policy Period: From: To:

12:01 a.m. Standard Time at the
mailing address above

Agent Name:
Agent Address:

SCHEDULE OF HORSE(S) INSURED

See attached Schedule

THE TOTAL LIMIT OF THE COMPANY'S LIABILITY: \$

Total Policy Premium:
Minimum Policy Premium:

FORMS

Forms and endorsements applying to this Coverage Part and made part of this policy at time of issue:

The person(s) to whom NOTICE is to be given in accordance with this policy and any endorsement attached hereto:

XL Insurance
2353 Alexandria Drive, Suite 260
Lexington, KY 40504
800-842-6411

By: _____

Authorized Representative

NO CLAIMS BONUS ENDORSEMENT – FORM A

This Endorsement modifies insurance provided under the following:

EQUINE NAMED PERILS POLICY

EQUINE MORTALITY AND LIMITED THEFT, UNLAWFUL REMOVAL POLICY

In consideration of the **RENEWAL** of **YOUR** Insurance with **US** and of the renewal premium paid, it is agreed that if **YOU** have not submitted any claims to **US** and have not put **US** on notice of any potential claims as of the expiration of **YOUR** Insurance and/or any applicable extension period, **WE** will on receipt of notice from **YOU**, refund ____% of the premium paid as a No Claims Bonus under the Insurance.

For purposes of this Endorsement, the word **RENEWAL** means that upon expiration of the Policy to which this Endorsement is attached, **YOU** have renewed the **MAJORITY** of **YOUR** Insurance with **US** for a period of not less than one (1) year. For purposes of this Endorsement, the word **MAJORITY** means that the total policy premium for your **RENEWAL** is not less than 75% of the total amount of premium that **WE** have earned during the entire period of the Policy to which the Endorsement is attached.

If at anytime during the period of **YOUR RENEWAL** of Insurance **YOU**:

- a) cancel **YOUR RENEWAL** of Insurance on one or more **HORSES**;
- b) delete from **YOUR RENEWAL** of Insurance any one or more **HORSES**; or
- c) reduce the Limits of Liability with respect to one or more **HORSES** under **YOUR** Renewal of Insurance,

WE have the right, if **WE** so elect, to declare this No Claims Bonus Endorsement null and void from inception, in which event **YOU** will be required to return to **US** all sums of money that **WE** paid to **YOU** as a No Claims Bonus under this Endorsement.

**FRUSTRATION OF EXPORT/IMPORT FROM
AUSTRALIA OR NEW ZEALAND TO USA ENDORSEMENT**

This Endorsement modifies insurance provided under the following:

EQUINE NAMED PERILS POLICY

EQUINE MORTALITY AND LIMITED THEFT, UNLAWFUL REMOVAL POLICY

Subject otherwise to all of the terms, provisions, conditions, limitations and exclusions of the Insurance to which this Endorsement is attached, and in consideration of the additional premium paid, **WE** will pay **YOU** an amount not to exceed the Limit of Liability specified in the Schedule solely for the coverage provided by this Endorsement in the event that the **STALLION** specified in the Schedule is not able to breed to mares in the United States of America (U.S.A.) by April 15 of the Northern Hemisphere Breeding Season specified in the Schedule as a direct result of:

- a) the **STALLION** failing, during the **POLICY PERIOD**, to pass all tests necessary for its export from Australia or New Zealand and import into the U.S.A.; or
- b) the **STALLION** sustaining or contracting an accident, illness or disease during the **POLICY PERIOD** and a majority decision is reached between **YOUR VETERINARIAN**, **OUR VETERINARIAN**, and a third **VETERINARIAN** mutually selected by **YOUR** and **OUR VETERINARIANS** that the **STALLION** is unfit to travel from Australia or New Zealand to the U.S.A. as a direct result of such accident, illness or disease; or
- c) the **STALLION** being unable to travel to the U.S.A. from Australia or New Zealand as a direct result of movement restrictions having been imposed on the recommendations of the Thoroughbred Breeders Association or other competent authority by reason of any infectious and/or contagious disease outbreak.

In the event that the **STALLION** is able to travel to the U.S.A. after April 15 of the Northern Hemisphere Breeding Season specified in the Schedule and commence breeding for the remainder of that Northern Hemisphere Breeding Season, then any resulting income derived by **YOU** from such breeding(s) will be automatically deducted by **US** from **OUR** claim payment to **YOU** under this endorsement.

IN ADDITION TO ALL OF THE TERMS, PROVISIONS, CONDITIONS, LIMITATIONS AND EXCLUSIONS OF THE INSURANCE TO WHICH THIS ENDORSEMENT IS ATTACHED, THIS ENDORSEMENT IS ALSO SUBJECT TO THE FOLLOWING:

ADDITIONAL DEFINITIONS

As used under this Endorsement:

- 1. A **STALLION** means:

The **HORSE** or **HORSES** specifically listed in the Schedule as the **STALLION** or **STALLIONS** for purposes of this endorsement.

ADDITIONAL EXCLUSIONS

WE will not cover any loss directly or indirectly caused by, happening through, in consequence of or contributed to by:

- 1. The death, **HUMANE DESTRUCTION**, theft or unlawful removal of the **STALLION**;

2. The **STALLION** not having received all vaccinations and/or inoculations that may be required for export out of Australia or New Zealand and/or import into the U.S.A.

ADDITIONAL CONDITIONS PRECEDENT

It is a condition precedent to any liability by **US** under this endorsement that:

1. Prior to the effective date of this Endorsement none of the tests necessary for the **STALLIONS** export from Australia or New Zealand or import into the U.S.A. in respect of the Northern Hemisphere Breeding Season specified in the Schedule have been conducted.
2. Prior to the effective date of this Endorsement, neither **YOU** nor any of **YOUR VETERINARIANS**, agents, representatives, employees, bailees or other persons having care, custody or control of the **STALLION** have any reason to believe or suspect that the **STALLION** will not pass one or more of the tests necessary for the **STALLIONS** export from Australia or New Zealand or import into the U.S.A.
3. Tests of the **STALLION** for import upon its arrival in the U.S.A. are for the same tests necessary for its export from Australia or New Zealand and are carried out in the same manner and evaluated by the same standards as they are performed in Australia or New Zealand.
4. Upon receiving any indication of the **STALLIONS** inability or potential inability to be exported from Australia or New Zealand or imported into the U.S.A. for any reason, **YOU** immediately give notice of such by telephone or telecopy to the persons specified for that purpose in the Schedule.
5. In the event the **STALLION** sustains or contracts any accident, illness or disease, **YOU** immediately give notice of such by telephone or telecopy to the persons specified for that purpose in the Schedule.
6. **YOU** use due diligence and do all things reasonably practicable to avoid or diminish any loss under this endorsement, including, but not limited to having the **STALLION** travel to the U.S.A. and breed to mares after April 15 of the Northern Hemisphere Breeding Season specified in the Schedule if delayed or restricted prior thereto.

**FRUSTRATION OF EXPORT/IMPORT FROM
USA TO AUSTRALIA OR NEW ZEALAND ENDORSEMENT**

This Endorsement modifies insurance provided under the following:

EQUINE NAMED PERILS POLICY

EQUINE MORTALITY AND LIMITED THEFT, UNLAWFUL REMOVAL POLICY

Subject otherwise to all of the terms, provisions, conditions, limitations and exclusions of the Insurance to which this Endorsement is attached, and in consideration of the additional premium paid, **WE** will pay **YOU** an amount not to exceed the Limit of Liability specified in the Schedule solely for coverage under this Endorsement in the event that the **STALLION** specified in the Schedule is not able to breed to mares in Australia or New Zealand by November 15 of the Southern Hemisphere Breeding Season specified in the Schedule as a direct result of:

- a) the **STALLION** failing, during the **POLICY PERIOD**, to pass all tests necessary for its export from the United States of America (U.S.A.) and import into Australia or New Zealand; or
- b) the **STALLION** sustaining or contracting an accident, illness or disease during the **POLICY PERIOD** and a majority decision is reached between **YOUR VETERINARIAN**, **OUR VETERINARIAN**, and a third **VETERINARIAN** mutually selected by **YOUR** and **OUR VETERINARIANS** that the **STALLION** is unfit to travel from the U.S.A. to Australia or New Zealand as a direct result of such accident, illness or disease; or
- c) the **STALLION** being unable to travel to Australia or New Zealand from the U.S.A. as a direct result of movement restrictions having been imposed on the recommendations of the Thoroughbred Breeders Association or other competent authority by reason of any infectious and/or contagious disease outbreak.

In the event that the **STALLION** is able to travel to Australia or New Zealand after November 15 of the Southern Hemisphere Breeding Season specified in the Schedule and commence breeding for the remainder of that Southern Hemisphere Breeding Season, then any resulting income derived by **YOU** from such breeding(s) will be automatically deducted by **US** from **OUR** claim payment to **YOU** under this endorsement.

IN ADDITION TO ALL OF THE TERMS, PROVISIONS, CONDITIONS, LIMITATIONS AND EXCLUSIONS OF THE INSURANCE TO WHICH THIS ENDORSEMENT IS ATTACHED, THIS ENDORSEMENT IS ALSO SUBJECT TO THE FOLLOWING:

ADDITIONAL DEFINITIONS

As used under this Endorsement:

- 1. A **STALLION** means:

The **HORSE** or **HORSES** specifically listed in the Schedule as the **STALLION** or **STALLIONS** for purposes of this endorsement.

ADDITIONAL EXCLUSIONS

WE will not cover any loss directly or indirectly caused by, happening through, in consequence of or contributed to by:

1. The death, **HUMANE DESTRUCTION**, theft or unlawful removal of the **STALLION**;
2. The **STALLION** not having received all vaccinations and/or inoculations that may be required for export out of the U.S.A. and/or import into Australia or New Zealand.

ADDITIONAL CONDITIONS PRECEDENT

It is a condition precedent to any liability by **US** under this endorsement that:

1. Prior to the effective date of this Endorsement, none of the tests necessary for the **STALLIONS** export from the U.S.A. or import into Australia or New Zealand in respect of the Southern Hemisphere Breeding Season specified in the Schedule have been conducted.
2. Prior to the effective date of this Endorsement, neither **YOU** nor any of **YOUR VETERINARIANS**, agents, representatives, employees, bailees or other persons having care, custody or control of the **STALLION** have any reason to believe or suspect that the **STALLION** will not pass one or more of the tests necessary for the **STALLIONS** export from the U.S.A. or import into Australia or New Zealand.
3. Tests of the **STALLION** for import upon its arrival in Australia or New Zealand are for the same tests necessary for its export from the U.S.A. and are carried out in the same manner and evaluated by the same standards as they are performed in the U.S.A.
4. Upon receiving any indication of the **STALLIONS** inability or potential inability to be exported from the U.S.A. or imported into Australia or New Zealand for any reason, **YOU** immediately give notice of such by telephone or telecopy to the persons specified for that purpose in the Schedule.
5. In the event the **STALLION** sustains or contracts any accident, illness or disease, **YOU** immediately give notice of such by telephone or telecopy to the persons specified for that purpose in the Schedule.
6. **YOU** use due diligence and do all things reasonably practicable to avoid or diminish any loss under this endorsement, including, but not limited to having the **STALLION** travel to Australia or New Zealand and breed to mares after November 15 of the Southern Hemisphere Breeding Season specified in the Schedule if delayed or restricted prior thereto.

CHANGE ENDORSEMENT

This Endorsement modifies insurance provided under the following:

EQUINE MORTALITY AND LIMITED THEFT, UNLAWFUL REMOVAL POLICY

It is hereby understood and agreed that this Policy is amended as indicated below:

- ☐ HORSE(S) listed below added to Schedule.
- ☐ HORSE(S) listed below deleted from Schedule.
- ☐ Policy limit amended as shown below.
- ☐ Loss Payee added or deleted as noted below.
- ☐ Other, as noted below.

Endorsement Premium: \$ _____

All other terms and conditions remain the same.

Named Insured: _____
Policy Number: _____
Policy Period: _____
Effective Date of Endorsement: _____

CHANGE ENDORSEMENT

This Endorsement modifies insurance provided under the following:

EQUINE NAMED PERILS POLICY

It is hereby understood and agreed that this Policy is amended as indicated below:

- ☐ HORSE(S) listed below added to Schedule.
- ☐ HORSE(S) listed below deleted from Schedule.
- ☐ Policy limit amended as shown below.
- ☐ Loss Payee added or deleted as noted below.
- ☐ Other, as noted below.

Endorsement Premium: \$ _____

All other terms and conditions remain the same.

Named Insured: _____
Policy Number: _____
Policy Period: _____
Effective Date of Endorsement: _____

EMERGENCY COLIC SURGERY EXPENSE ENDORSEMENT – FORM A

This Endorsement modifies insurance provided under the following:

EQUINE NAMED PERILS POLICY

EQUINE MORTALITY AND LIMITED THEFT, UNLAWFUL REMOVAL POLICY

Subject to all of the terms, provisions, conditions, limitations and exclusions of the insurance to which this Endorsement is attached, **WE** will reimburse **YOU** for reasonable and customary fees for:

1. **EMERGENCY COLIC SURGERY;**
2. **ASSOCIATED POST-OPERATIVE CARE;** and
3. **THIRD PARTY EMERGENCY TRANSPORTATION**

incurred by **YOU** for **YOUR** interest in the **HORSE** as shown in the Schedule which occur:

- a) during the **POLICY PERIOD**; or
- b) within ninety (90) days after the expiration of **YOUR** Insurance to which this Endorsement is attached, provided that:
 - i) the **EMERGENCY COLIC SURGERY, ASSOCIATED POST OPERATIVE CARE** and **THIRD PARTY EMERGENCY TRANSPORTATION EXTRAS** are necessitated solely by an incident that occurs during the **POLICY PERIOD**; and
 - ii) **YOU** reported such incident immediately to **US** in accordance with the Conditions Precedent of the Insurance to which this Endorsement is attached, and before the expiration of such Insurance.

LIMIT OF LIABILITY:

1. The most **WE** will pay per covered **HORSE** per **POLICY PERIOD** under this Endorsement is the lesser of:
 - a) Fifty (50) percent of the limit of **LIMIT OF LIABILITY** as shown for the covered **HORSE** in the Schedule or Endorsement; or
 - b) \$2,500
2. Coverage for associated post-operative care expense is limited to:
 - a) Fifty (50) percent of the surgical fee for **EMERGENCY COLIC SURGERY**; and
 - b) No more than fifteen (15) days treatment from the time of the covered **EMERGENCY COLIC SURGERY**.
3. Coverage for **THIRD PARTY EMERGENCY TRANSPORTATION** expense is limited to \$300.

Payments under Sections 2 or 3 above will not increase the total limit of insurance under Section 1.

Under this Endorsement **WE** will pay **YOU** that portion of any expenses as it relates directly to **YOUR** percentage of ownership interest in the **HORSE** as shown in the Schedule. At no time, however, will **OUR** payment(s) under this Endorsement exceed a total of \$2,500 for each claim and in the aggregate for all claims with respect to each **HORSE**. **OUR** \$2,500 Limit of Liability under this Endorsement applies to the combined cost of **EMERGENCY COLIC SURGERY, ASSOCIATED POST OPERATIVE CARE** and **THIRD PARTY EMERGENCY TRANSPORTATION EXTRAS** covered under this Endorsement.

OTHER INSURANCE:

If **YOU** have any other insurance or protection covering the same loss that is covered under this endorsement, **WE** will pay **YOU** only the difference between what **YOU** would ordinarily receive under this endorsement and what **YOU** should have received from such other insurance or protection, whether such other insurance or protection is collectible or not.

IN ADDITION TO ALL OF THE TERMS, PROVISIONS, CONDITIONS, LIMITATIONS, AND EXCLUSIONS OF THE INSURANCE TO WHICH THIS ENDORSEMENT IS ATTACHED, THIS ENDORSEMENT IS ALSO SUBJECT TO THE FOLLOWING:

ADDITIONAL CONDITIONS PRECEDENT

It is a condition precedent to any liability by **US** under this Endorsement that **YOU**:

1. Immediately give notice of any hospitalization for **EMERGENCY COLIC SURGERY** to a **HORSE** covered under this Endorsement by telephone or telecopy to the person or persons specified for that purpose in the Schedule; and
2. Within sixty (60) days after the initiation of any **EMERGENCY COLIC SURGERY** of a **HORSE**:
 - a) Submit a report to **US** signed by **YOUR VETERINARIAN** which:
 - i) describes the **EMERGENCY COLIC SURGERY** performed;
 - ii) certifies that the **EMERGENCY COLIC SURGERY** was carried out in an emergency attempt to save the **HORSE's** life; and
 - iii) describes the present condition of the **HORSE**;
 - b) Submit to **US** copies of all service bills to support **YOUR** claim under this Endorsement;

ADDITIONAL EXCLUSIONS

WE will not cover any expenses relating to:

1. Any **EMERGENCY COLIC SURGERY** or **ASSOCIATED POST OPERATIVE CARE** performed or administered by someone other than a licensed **VETERINARIAN**.
2. Any **EMERGENCY COLIC SURGERY** or **ASSOCIATED POST OPERATIVE CARE** directly or indirectly caused by, happening through, in consequence of, or contributed to a condition which pre-existed the commencement of **YOUR** Insurance to which this endorsement is attached.
3. Any **EMERGENCY COLIC SURGERY** not performed or administered at an equine surgical clinic.
4. Any **HORSE** under thirty (30) days of age or over fourteen (14) years of age.

ADDITIONAL DEFINITIONS

As used under this Endorsement:

EMERGENCY COLIC SURGERY means:

Any corrective, surgically invasive procedure performed under general anesthesia used in the treatment of acute abdominal pain of the equine large and/or small intestine.

ASSOCIATED POST OPERATIVE CARE means:

Fees that are:

- a) Within the range of usual fees for the same or a similar service or supply billed by most veterinarians within a given area; or
- b) Justified by all the attending circumstances, including but not limited to, the time required to perform the service or procedure, the severity of the condition treated and the complexity of treatment of a particular case.

THIRD PARTY EMERGENCY TRANSPORTATION EXTRAS means:

The transportation to a school of veterinary medicine or an equine surgical clinic for **EMERGENCY COLIC SURGERY** by an independent contractor, who is not an employee or a relative of **YOURS**.

All other terms, provisions, conditions, limitations and exclusions of **YOUR** Insurance to which this endorsement is attached remain unchanged.

EMERGENCY COLIC SURGERY EXPENSE ENDORSEMENT – FORM B

This Endorsement modifies insurance provided under the following:

EQUINE NAMED PERILS POLICY

EQUINE MORTALITY AND LIMITED THEFT, UNLAWFUL REMOVAL POLICY

Subject to all of the terms, provisions, conditions, limitations and exclusions of the insurance to which this Endorsement is attached, **WE** will reimburse **YOU** for reasonable and customary fees for:

1. **EMERGENCY COLIC SURGERY;**
2. **ASSOCIATED POST-OPERATIVE CARE;** and
3. **THIRD PARTY EMERGENCY TRANSPORTATION**

incurred by **YOU** for **YOUR** interest in the **HORSE** as shown in the Schedule which occur:

- a) during the **POLICY PERIOD**; or
- b) within ninety (90) days after the expiration of **YOUR** Insurance to which this Endorsement is attached, provided that:
 - i) the **EMERGENCY COLIC SURGERY, ASSOCIATED POST OPERATIVE CARE** and **THIRD PARTY EMERGENCY TRANSPORTATION EXTRAS** are necessitated solely by an incident that occurs during the **POLICY PERIOD**; and
 - ii) **YOU** reported such incident immediately to **US** in accordance with the Conditions Precedent of the Insurance to which this Endorsement is attached, and before the expiration of such Insurance.

LIMIT OF LIABILITY:

1. The most **WE** will pay per covered **HORSE** per **POLICY PERIOD** under this Endorsement is the lesser of:
 - a) Fifty (50) percent of the limit of **LIMIT OF LIABILITY** as shown for the covered **HORSE** in the Schedule or Endorsement; or
 - b) \$5,000.
2. Coverage for associated post-operative care expense is limited to:
 - a) Fifty (50) percent of the surgical fee for **EMERGENCY COLIC SURGERY**; and
 - b) No more than fifteen (15) days treatment from the time of the covered **EMERGENCY COLIC SURGERY**.
3. Coverage for **THIRD PARTY EMERGENCY TRANSPORTATION** expense is limited to \$300.

Payments under Sections 2 or 3 above will not increase the total limit of insurance under Section 1.

Under this Endorsement **WE** will pay **YOU** that portion of any expenses as it relates directly to **YOUR** percentage of ownership interest in the **HORSE** as shown in the Schedule. At no time, however, will **OUR** payment(s) under this Endorsement exceed a total of \$5,000 for each claim and in the aggregate for all claims with respect to each **HORSE**. **OUR** \$5,000 Limit of Liability under this Endorsement applies to the combined cost of **EMERGENCY COLIC SURGERY, ASSOCIATED POST OPERATIVE CARE** and **THIRD PARTY EMERGENCY TRANSPORTATION EXTRAS** covered under this Endorsement.

OTHER INSURANCE:

If **YOU** have any other insurance or protection covering the same loss that is covered under this endorsement, **WE** will pay **YOU** only the difference between what **YOU** would ordinarily receive under this endorsement and what **YOU** should have received from such other insurance or protection, whether such other insurance or protection is collectible or not.

IN ADDITION TO ALL OF THE TERMS, PROVISIONS, CONDITIONS, LIMITATIONS, AND EXCLUSIONS OF THE INSURANCE TO WHICH THIS ENDORSEMENT IS ATTACHED, THIS ENDORSEMENT IS ALSO SUBJECT TO THE FOLLOWING:

ADDITIONAL CONDITIONS PRECEDENT

It is a condition precedent to any liability by **US** under this Endorsement that **YOU**:

1. Immediately give notice of any hospitalization for **EMERGENCY COLIC SURGERY** to a **HORSE** covered under this Endorsement by telephone or telecopy to the person or persons specified for that purpose in the Schedule; and
2. Within sixty (60) days after the initiation of any **EMERGENCY COLIC SURGERY** of a **HORSE**:
 - a) Submit a report to **US** signed by **YOUR VETERINARIAN** which:
 - i) describes the **EMERGENCY COLIC SURGERY** performed;
 - ii) certifies that the **EMERGENCY COLIC SURGERY** was carried out in an emergency attempt to save the **HORSE's** life; and
 - iii) describes the present condition of the **HORSE**;
 - b) Submit to **US** copies of all service bills to support **YOUR** claim under this Endorsement;

ADDITIONAL EXCLUSIONS

WE will not cover any expenses relating to:

1. Any **EMERGENCY COLIC SURGERY** or **ASSOCIATED POST OPERATIVE CARE** performed or administered by someone other than a licensed **VETERINARIAN**.
2. Any **EMERGENCY COLIC SURGERY** or **ASSOCIATED POST OPERATIVE CARE** directly or indirectly caused by, happening through, in consequence of, or contributed to a condition which pre-existed the commencement of **YOUR** Insurance to which this endorsement is attached.
3. Any **EMERGENCY COLIC SURGERY** not performed or administered at an equine surgical clinic.
4. Any **HORSE** under thirty (30) days of age or over fourteen (14) years of age.

ADDITIONAL DEFINITIONS

As used under this Endorsement:

EMERGENCY COLIC SURGERY means:

Any corrective, surgically invasive procedure performed under general anesthesia used in the treatment of acute abdominal pain of the equine large and/or small intestine.

ASSOCIATED POST OPERATIVE CARE means:

Fees that are:

- a) Within the range of usual fees for the same or a similar service or supply billed by most veterinarians within a given area; or
- b) Justified by all the attending circumstances, including but not limited to, the time required to perform the service or procedure, the severity of the condition treated and the complexity of treatment of a particular case.

THIRD PARTY EMERGENCY TRANSPORTATION EXTRAS means:

The transportation to a school of veterinary medicine or an equine surgical clinic for **EMERGENCY COLIC SURGERY** by an independent contractor, who is not an employee or a relative of **YOURS**.

All other terms, provisions, conditions, limitations and exclusions of **YOUR** Insurance to which this endorsement is attached remain unchanged.

EQUINE MORTALITY TWELVE MONTHS EXTENSION ENDORSEMENT

This Endorsement modifies insurance provided under the following:

EQUINE MORTALITY AND LIMITED THEFT, UNLAWFUL REMOVAL POLICY

Subject otherwise to all of the terms, provisions, conditions, limitations and exclusions of the Policy to which this Endorsement is attached, and in consideration of the **RENEWAL** of **YOUR** Insurance with **US** and the renewal premium paid, it is agreed that the ninety (90) days referred to in Paragraph B of Section III of the Policy to which this Endorsement is attached, entitled **A. COVERED MORTALITY LOSSES**, is further extended until such time as the accident, injury, illness or disease is no longer life- threatening, but in any case not exceeding a further period of two hundred seventy-five (275) days after the expiration of the original ninety (90) days.

For purposes of this Endorsement, the word **RENEWAL** means that upon expiration of the Policy to which this Endorsement is attached, **YOU** have renewed the **MAJORITY** of **YOUR** Insurance with **US** for a period of not less than one (1) year. For purposes of this Endorsement, the word **MAJORITY** means that the total policy premium for your **RENEWAL** is not less than 75% of the total amount of premium that **WE** have earned during the entire period of the Policy to which the Endorsement is attached.

If at any time during the period of **YOUR RENEWAL** of Insurance **YOU**:

- a) cancel **YOUR RENEWAL** of Insurance with respect to any one or more **HORSES**;
- b) delete from **YOUR RENEWAL** of Insurance any one or more **HORSES**; or
- c) reduce the Limits of Liability with respect to one or more **HORSES** under **YOUR RENEWAL** of Insurance,

WE have the right, if **WE** so elect, to declare this EQUINE TWELVE MONTHS EXTENSION ENDORSEMENT null and void from inception, in which event, the ninety (90) days referred to in Paragraph B of Section III of the Policy to which this Endorsement is attached shall apply.

In the event of any **HORSE** being over thirteen (13) years of age at the expiration of the original ninety (90) days period, then **OUR** Limit of Liability with respect to such **HORSE** as specified in the Schedule or any endorsement will automatically be reduced by the following:

25% if a fourteen (14) year old
33% if a fifteen (15) year old
40% if a sixteen (16) year old
50% if a seventeen (17) year old

This Endorsement does not apply to the **HORSE** if, at the expiration of the original ninety (90) days period, the **HORSE** is eighteen (18) years old or over.

EQUINE NAMED PERILS TWELVE MONTHS EXTENSION ENDORSEMENT

This Endorsement modifies insurance provided under the following:

EQUINE NAMED PERILS POLICY

Subject otherwise to all of the terms, provisions, conditions, limitations and exclusions of the Policy to which this Endorsement is attached, and in consideration of the **RENEWAL** of **YOUR** Insurance with **US** and of the renewal premium paid, it is agreed that the ninety (90) days referred to in Paragraph B of Section III of the Policy to which this Endorsement is attached, entitled **A. COVERED NAMED PERILS LOSSES**, is further extended until such time as the accident, injury, illness or disease is no longer life-threatening, but in any case not exceeding a further period of two hundred seventy-five (275) days after the expiration of the original ninety (90) days.

For purposes of this Endorsement, the word **RENEWAL** means that upon expiration of the Policy to which this Endorsement is attached, **YOU** have renewed the **MAJORITY** of **YOUR** Insurance with **US** for a period of not less than one (1) year. For purposes of this Endorsement, the word **MAJORITY** means that the total policy premium for your **RENEWAL** is not less than 75% of the total amount of premium that **WE** have earned during the entire period of the Policy to which the Endorsement is attached.

If at any time during the period of **YOUR RENEWAL** of Insurance **YOU**:

- a) cancel **YOUR RENEWAL** of Insurance with respect to any one or more **HORSES**;
- b) delete from **YOUR RENEWAL** of Insurance any one or more **HORSES**; or
- c) reduce the Limits of Liability with respect to one or more **HORSES** under **YOUR RENEWAL** of Insurance,

WE have the right, if **WE** so elect, to declare this EQUINE TWELVE MONTHS EXTENSION ENDORSEMENT null and void from inception, in which event, the ninety (90) days referred to in Paragraph B of Section III of the Policy to which this Endorsement is attached shall apply.

In the event of any **HORSE** being over thirteen (13) years of age at the expiration of the original ninety (90) days period, then **OUR** Limit of Liability with respect to such **HORSE** as specified in the Schedule or any endorsement will automatically be reduced by the following:

25% if a fourteen (14) year old
33% if a fifteen (15) year old
40% if a sixteen (16) year old
50% if a seventeen (17) year old

This Endorsement does not apply to the **HORSE** if, at the expiration of the original ninety (90) days period, the **HORSE** is eighteen (18) years old or over.

<i>SERFF Tracking Number:</i>	<i>XLAM-125862287</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>XL Specialty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$550</i>
<i>Company Tracking Number:</i>	<i>08SD-XQ-CM01-MU-AR</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>Equine Mortality and Limited Theft, Unlawful Removal Policy and Equine Named Perils Policy Form Filing</i>		
<i>Project Name/Number:</i>	<i>Equine Mortality /08SD-XQ-CM01-MU-AR</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: XLAM-125862287 State: Arkansas
Filing Company: XL Specialty Insurance Company State Tracking Number: EFT \$550
Company Tracking Number: 08SD-XQ-CM01-MU-AR
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: Equine Mortality and Limited Theft, Unlawful Removal Policy and Equine Named Perils Policy Form Filing
Project Name/Number: Equine Mortality /08SD-XQ-CM01-MU-AR

Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Approved	10/27/2008

Comments:

Attachment:

NAIC Transmittal.pdf

		Review Status:	
Satisfied -Name:	Forms Summary of Changes	Approved	10/27/2008

Comments:

Attachment:

Equine Mortality and Equine Named Perils Summary of Changes _2_.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
XL America, Inc.	1285

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
XL Specialty Insurance Company	Delaware	37885	85-0277191	

5. Company Tracking Number	08SD-XQ-CM01-MU-AR
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Arshay Brown 1201 N. Market Street Wilmington, DE 19801	State Filings Analyst	302-661-7048	302-778-4190	arshay.brown@xlgroup.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Arshay Brown

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	09.0 Inland Marine - Equine Mortality
10. Sub-Type of Insurance (Sub-TOI)	9.0005
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 12-01-2008 Renewal: 12-01-2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A

17. Reference Organization # & Title	
18. Company's Date of Filing	10-23-2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	08SD-XQ-CM01-MU-AR
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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XL Specialty Insurance Company hereby submits its Equine Mortality and Limited Theft, Unlawful Removal Policy and Equine Named Perils Policy form filing. The filing consist of dec pages, new and revised endorsements. We have also included a summary of changes for forms.

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: N/A
Amount: N/A

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

Effective March 1, 2007

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

**EQUINE MORTALITY AND LIMITED THEFT, UNLAWFUL REMOVAL POLICY
AND EQUINE NAMED PERILS POLICY
SUMMARY OF CHANGES**

BLOODSTOCK – NEW FORMS

Change Endorsement

New Form number - PCW 101 (09/08)

A Change Endorsement has been created for the Equine Named Perils policy. This endorsement is used to note specific changes on the Policy (e.g. change of Limits). This endorsement will be used with the Equine Named Perils Policy.

Emergency Colic Surgery Expense Endorsement-Form B

New Form number - PCW 103 (09/08)

The Emergency Colic Surgery Expense Endorsement-Form B provides the Insured with the option to increase the limit of liability for Emergency Colic Surgery Expense (limits of liability of up to \$5,000). This endorsement will be used for the Equine Mortality and Equine Named Perils policies.

Equine Mortality Twelve Months Extension Endorsement

New Form number - PCW 105 (09/08)

The Equine Twelve Months Extension Endorsement has been modified in title and broken into two endorsements to refer to Mortality and Named Perils. The Endorsements extend the 90 day period of Paragraph B. of Section III. of the Policy to 365 days subject to renewal of the majority of insurance with the Company. This endorsement will be used with the Equine Named Perils Policy.

BLOODSTOCK – REVISED FORMS

Change Endorsement

New Form number - PCW 100 (09/08)

Previous number - PCW 035 (02/00)

The Change Endorsement on the Equine Mortality policy has been changed. The references to "Animal(s) have been changed to "HORSE(S)." Also, the word "SPECILATY" in the title has been changed to "SPECIALTY." This endorsement is used to note specific changes on the Policy (e.g. change of Limits). This endorsement will be used with the Equine Mortality And Limited Theft, Unlawful Removal Policy.

Equine Mortality Twelve Months Extension Endorsement/Equine Named Perils Twelve Months Extension Endorsement

New Form number - PCW 104 (09/08)

Previous number - PCW 006 (6/99)

The Equine Twelve Months Extension Endorsement has been modified in title and broken into two endorsements to refer to Mortality and Named Perils. The Endorsements extend the 90 day

period of Paragraph B. of Section III. of the Policy to 365 days subject to renewal of the majority of insurance with the Company. This endorsement will be used with the Equine Mortality And Limited Theft, Unlawful Removal Policy.

Emergency Colic Surgery Expense Endorsement –Form A

New Form number - PCW 102 (09/08)

Previous number - PCW 036 (08/00)

The Emergency Colic Surgery Expense Endorsement provides coverage for Emergency Colic Surgery, Associated Post-Operative Care and Third Party Emergency Transportation. The endorsement has been modified to remove the reference to “eighty (80) percent” before the words “reasonable and customary fees” in the introductory paragraph. In addition, the reference to “under ninety (90) days of age or over fifteen (15) years of age has been changed to “under thirty (30) days of age or over fourteen (14) days of age” within Item 4. of the Additional Exclusions section. Note-The title of the endorsement has also been amended to include “Form A” at the end as a new endorsement has also been created for Form B. This endorsement will be used on Equine Mortality And Limited Theft, Unlawful Removal Policy and Equine Named Perils Policy.

No Claims Bonus Endorsement – Form A

New Form number - PCW 014 (09/08)

Previous number - PCW 014 (06/99)

The No Claims Bonus – Form A Endorsement provides a return premium to the Insured should no claims or notices of potential claims be filed during the Policy Period and the Insured renew the majority of Insurance with the Company. The endorsement has been modified to define the words Renewal and Majority and will be used with the Equine Mortality And Limited Theft, Unlawful Removal Policy and Equine Named Perils Policy.

Frustration Of Export/Import From Australia Or New Zealand To USA Endorsement

New Form Number - PCW 027 (09/08)

Previous number - PCW 027 (12/99)

The Frustration Of Export/Import From Australia Or New Zealand To USA Endorsement provides coverage in the event that specified Stallions are not able to breed to mares in the United States by the end of the breeding season due to defined perils (e.g. Stallion unfit to travel to the United States as a direct result of an accident, illness or disease). The endorsement has been modified to define the word “Stallion” and correct a few minor typos. This endorsement will be used with the Equine Mortality And Limited Theft, Unlawful Removal Policy and Equine Named Perils Policy

Frustration Of Export/Import From USA To Australia Or New Zealand Endorsement

New Form number - PCW 028 (09/08)

Previous number - PCW 028 (12/99)

The Frustration Of Export/Import From USA To Australia Or New Zealand Endorsement provides coverage in the event that specified Stallions are not able to breed to mares in Australia or New Zealand by the end of the breeding season due to defined perils (e.g. Stallion unfit to travel to the United States as a direct result of an accident, illness or disease). The endorsement has been modified to define the word "Stallion" and correct a few minor typos. This endorsement will be used with the Equine Mortality And Limited Theft, Unlawful Removal Policy and Equine Named Perils Policy. This endorsement will be used for Equine Mortality and Equine Named Perils policies.

Equine Mortality And Limited Theft, Unlawful Removal Policy Declarations

New Form number - PCW 001A (09/08)

Previous number - PCW 001A (03/02)

The Equine Mortality and Limited Theft, Unlawful Removal Policy Declarations provides vital policy information such as the Named Insured, Address, Limit of Liability, etc. The Declarations has been changed from a formatting perspective only (e.g. pictures added at top, moving Statutory Home Office information to top, etc.).

Equine Named Perils Policy Declarations

New Form number - PCW 002A (09/08)

Previous number PCW 002A (03/02)

The Equine Named Perils Policy Declarations provides vital policy information such as the Named Insured, Address, Limit of Liability, etc. The Declarations has been changed from a formatting perspective only (e.g. pictures added at top, moving Statutory Home Office information to top, etc.).